

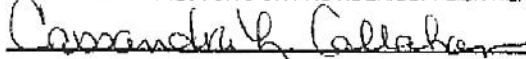
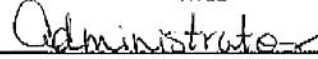
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445371	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2011
NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the hazardous areas.</p> <p>The findings included:</p> <p>Observation of the mechanical room by them front office on 10/17/11 at 10:45 AM, revealed a penetration in the wall.</p> <p>This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/17/11.</p>	K 029	<p>K 029</p> <p>SS=D</p> <p><u>Description</u></p> <p>The facility will maintain hazardous areas.</p> <p><u>Corrective Action</u></p> <ol style="list-style-type: none"> 1. The penetration in the all of the mechanical room by the front office was repaired by the Maintenance Supervisor on 10/17/11. 2. The Maintenance Supervisor made facility rounds to ensure there were no other areas of penetration in the mechanical rooms on 10/17/11. 3. Maintenance Supervisor was in-serviced on 10/17/11 regarding penetration in hazardous areas by the Administrator. 4. Maintenance Supervisor will monitor for compliance during daily facility walking rounds. 5. Findings will be reported to the QA Committee who will review and set new interventions and goals as needed. The QA Committee consist of the Medical Director, Administrator, DON, ADON, MDS Coordinator, Dietary, Activities, Medical Records, Bookkeeping, Social Services, Payroll, Maintenance Supervisor and Environmental Services. 	11/2/11	
K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. When drills are</p>	K 050	<p>K 050</p> <p>SS=D</p> <p><u>Description</u></p> <p>The facility will train staff on fire drills.</p> <p><u>Corrective Action</u></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/3/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed the fire drill. The findings included: Observations during the fire drill on 10/17/11 at 10:17 AM, revealed the staff failed to announce code red, the location of the fire, and failed to activate the fire alarm system. This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/17/11.	K 050	1. The employee who found the fire was in- served by the Maintenance Supervisor on 10/17/11 2. Fire Drills were conducted on 10/24/11, 10/25/11 and 10/27/11 with staff following procedure. 3. An in-service was conducted on 11/2/11 by the Administrator with the focus on how to respond if you find the fire. 4. Maintenance Supervisor and Administrator will monitor for compliance during monthly fire drills and will report findings to the QA Committee who will review findings and set new interventions and goals as needed. The QA Committee consist of Medical Director, Administrator, DON, ADON, MDS Coordinator, Dietary, Activities, Medical Records, Bookkeeping, Social Services, Payroll, Maintenance Supervisor and Environmental Services.	11/2/11	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 6.1.4 This STANDARD is not met as evidenced by:	K 052 SS=D	<u>Description</u> The facility will maintain the fire alarm system <u>Corrective Action</u> 1. The fire alarm pull station at the nurses station was moved by an outside vendor to make it accessible on 10/17/11. 2. Maintenance Supervisor made rounds to ensure all fire alarm pull stations were easily accessible. 3. Maintenance Supervisor was in-served on 10/17/11 by the Administrator regarding keeping pull stations easily accessible. 3. Maintenance Supervisor and Administrator		

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K 052	Continued From page 2 Based on observations, it was determined the facility failed to maintain the fire alarm system. The findings included: Observation of the nurses' station on 10/17/11 at 10:15 AM, revealed the fire alarm pull station was blocked by a counter. This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/17/11.	K 052	will monitor for compliance during daily facility walking rounds and will report findings to the QA Committee who will review and set new interventions and goals as needed. The QA Committee consist of Administrator, Medical Director, DON, ADON, MDS Coordinator, Registered Dietician, Dietary Manager, Social Services, Activity Director, Bookkeeper, Maintenance Supervisor, and Environmental Services.	11/2/11	
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire extinguishers. The findings included: Observation on 10/17/11 at 10:10 AM revealed the fire extinguishers were blocked with equipment in the following areas: 1. Main electrical room 2. The corridor by room 204, 3. The mechanical room by the nurses' station This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/17/11.	K 064	K 064 SS=E <u>Description</u> The facility will maintain fire extinguishers. <u>Corrective Action</u> 1. Equipment was removed from the following areas by the Maintenance Supervisor on 10/17/11; main electrical room, corridor by room 204, and the mechanical room by the nurses station to make fire extinguisher easily accessible. 2. Maintenance supervisor made rounds to ensure fire extinguishers were easily accessible on 10/17/11. 3. Maintenance Supervisor was in-serviced by Administrator regarding keeping fire extinguishers easily accessible on 10/17/11. 4. Maintenance Supervisor will monitor for compliance during daily facility walking rounds and will report findings to the QA Committee who will review and set new interventions and goals as needed. The QA Committee consist of the Medical Director, Administrator, DON, ADON, MDS Coordinator, Dietary, Activities,		

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K 052	Continued From page 2 Based on observations, it was determined the facility failed to maintain the fire alarm system. The findings included: Observation of the nurses' station on 10/17/11 at 10:15 AM, revealed the fire alarm pull station was blocked by a counter. This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/17/11.	K 052			
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire extinguishers. The findings included: Observation on 10/17/11 at 10:10 AM, revealed the fire extinguishers were blocked with equipment in the following areas: 1. Main electrical room 2. The corridor by room 204, 3. The mechanical room by the nurses' station This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/17/11.	K 064	Medical Records, Bookkeeping, Social Services, Payroll, Maintenance Supervisor and Environmental Services.	11/2/11	

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K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the heating, ventilating, and air conditioning system (HVAC).</p> <p>The findings included:</p> <p>Observation of the bio hazard room on 10/17/11 at 9:50 AM, revealed the exhaust fan was inoperable.</p> <p>This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/17/11.</p>	K 067	<p>K 067 SS=D</p> <p><u>Description</u></p> <p>The facility will maintain the heating, ventilating, and air conditioning system.</p> <p><u>Corrective Action</u></p> <ol style="list-style-type: none"> 1. The exhaust fan in the bio-hazard room was repaired by an outside vendor on 10/19/11. 2. Maintenance Supervisor made rounds to ensure exhaust fans were working appropriately on 10/17/11. 3. Maintenance Supervisor was in-service on 10/17/11 by Administrator regarding the need to keep the exhaust fans working. 4. Maintenance Supervisor will monitor for compliance during daily facility rounds and will report findings to the QA Committee who will review and set new interventions and goals as needed. The QA Committee consist of the Medical Director, Administrator, DON, ADON, MDS Coordinator, Dietary, Activities, Payroll, Medical Records, Bookkeeper, Social Services, Maintenance Supervisor and Environmental Services 	11/2/11	
K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system.</p> <p>The findings included:</p> <p>(1) Observation of the kitchen area and the main</p>	K 147	<p>K 147 SS=E</p> <p><u>Description</u></p> <p>The facility will maintain the electrical system</p> <p><u>Corrective Action</u></p> <ol style="list-style-type: none"> 1. The Equipment was removed from the area in front of the electrical panels in the main electrical room and in the kitchen by the Maintenance Supervisor on 10/17/11. 2. The broken light cover was replaced by the 		

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NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130		
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K 147	Continued From page 4 electrical room on 10/17/11 at 9:52 AM, revealed the electrical panels were blocked with equipment. (2) Observation of the kitchen area on 10/17/11 at 10:00 AM, revealed a broken light cover. This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/17/11.	K 147	Maintenance Supervisor on 10/19/11. 3. Facility rounds were made to ensure electrical panels were not blocked and light covers were in good repair by the Maintenance Supervisor on 10/17/11. 4. Maintenance Supervisor was in-serviced on 10/17/11 by Administrator regarding repairs of light fixtures and keeping areas around electrical panels clear. 5. Maintenance Supervisor will monitor for compliance during daily walking rounds and will report findings to the QA Committee who will review and set new interventions and goals as needed. The QA Committee consist of Medical Director, Administrator, DON, ADON, MDS Coordinator, Dietary, Activities, Medical Records, Bookkeeping, Social Services, Payroll, Maintenance Supervisor and Environmental Services.	11/2/11	